



## **Assistant Commissioner for Patents**

**Box PATENT APPLICATIONS** Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the patent application of

Inventor:

Michelle R. Eaves

Title:

**Motion Therapy Device** 

Enclosed are:

8 sheets of drawings.

An assignment of the invention to

A certified copy of a \_\_\_\_\_ application.

Declaration For Patent Application (unsigned)

For:	Number Filed	Number Paid For	Number Extra	Rate	Total
Application		· · ·		\$740.00/\$370.00	\$ 370.00
All Claims	16	20	0	\$18.00 / \$9.00	\$ 0.00
Independent Claims	2	3	0	\$84.00 / \$42.00	\$ 0.00
Assignment Filing Fee				\$40.00	\$ .00
Total Filing Fee:					\$370.00

A check in the amount of \$370.00 to cover the filing fee is enclosed.

Pursuant to 37 C.F.R. § 1.27, applicant hereby asserts small entity status.

The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 09-0528.

Date:

12/13/01

Respectfully submitted,

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Docket No.: E059 1010

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